

(1) PLACE OF BIRTH

County of Barnwell STATE OF SOUTH CAROLINA.
 Township of Bull Pond Bureau of Vital Statistics
 or Inc. Town of State Board of Health
 or Registration District No. 5-05
 City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No. — For State Registrar Only

84416

(2) Full Name of Child Luther Coetrop If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? <u>Boy</u>	(2) Twin or Triplet? <u>No</u> <small>(Indicate only in case of twins or triplets)</small>	(3) Number in order of birth <u>37</u>	(4) Age: Parent? <u>40</u> Married? <u>Yes</u>	(5) DATE OF BIRTH <u>Nov 7, 1906</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(6) FULL NAME <u>Charlie Coetrop</u>			(14) NAME BEFORE MARRIAGE <u>Eila Jarrell</u>	
(7) PRESENT POSTOFFICE OF FATHER <u>Windsor H.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Windsor H.C.</u>	
(8) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(9) AGE AT LAST BIRTHDAY <u>37</u> <small>(Years)</small>			(17) AGE AT LAST BIRTHDAY <u>33</u> <small>(Years)</small>	
(10) BIRTHPLACE <u>Windsor H.C.</u>			(18) BIRTHPLACE <u>Georgia</u>	
(11) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Windsor H.C. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Bucary Jackson
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Windsor H.C.

Given name added from a supplemental report

(26) Witness M. D. Rouse
(Signature of Witness necessary only when question 23 is signed "Physician")

(27) Filed Nov 16, 1906 (28) J. H. Rouse
 Registrar Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child dies before being born, it must not be reported as stillborn. The report is desired of stillbirths before the fifth month of pregnancy.

PREVIOUS EDITION, No. 1, THE OTTUM, No. 2, etc., in question 2.